

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 11

Check if this an  
amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Protective Power Systems and Controls, Inc.

2. All other names debtor  
used in the last 8 years

Include any assumed  
names, trade names and  
*doing business as* names

3. Debtor's federal  
Employer Identification  
Number (EIN) 37-1444267

4. Debtor's address Principal place of business

2092 Route 9G  
Staatsburg, NY 12580

Number, Street, City, State & ZIP Code

Dutchess  
County

Mailing address, if different from principal place of  
business

P.O. Box 119  
Staatsburg, NY 12580

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal  
place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) power-now.net

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

Debtor

**Protective Power Systems and Controls, Inc.**

Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7  
 Chapter 9  
 Chapter 11. Check all that apply:

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 A plan is being filed with this petition.  
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** No. Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?** No Yes.

List all cases. If more than 1, attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor

**Protective Power Systems and Controls, Inc.**

Name

Case number (if known)

**11. Why is the case filed in this district?** Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?** No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

- It needs to be physically secured or protected from the weather.

- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

 Other \_\_\_\_\_**Where is the property?**

Number, Street, City, State &amp; ZIP Code

**Is the property insured?** No Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds** Check one:

- Funds will be available for distribution to unsecured creditors.

- After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors** 1-49 1,000-5,000 25,001-50,000 50-99 5001-10,000 50,001-100,000 100-199 10,001-25,000 More than 100,000 200-999**15. Estimated Assets** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion**16. Estimated liabilities** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion

Debtor

**Protective Power Systems and Controls, Inc.**

Name

Case number (*if known*) \_\_\_\_\_

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 9, 2020

MM / DD / YYYY

**X /s/ Andrea Patierno**

Signature of authorized representative of debtor

Title President

**Andrea Patierno**

Printed name

**18. Signature of attorney**

**X /s/ Michelle L. Trier**

Signature of attorney for debtor

Date October 9, 2020

MM / DD / YYYY

**Michelle L. Trier 1212**

Printed name

**Genova & Malin**

Firm name

**1136 Route 9**

**Wappingers Falls, NY 12590**

Number, Street, City, State & ZIP Code

Contact phone 845-298-1600

Email address \_\_\_\_\_

**1212 NY**

Bar number and State

Fill in this information to identify the case:

Debtor name Protective Power Systems and Controls, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 9, 2020

X /s/ Andrea Patierno

Signature of individual signing on behalf of debtor

Andrea Patierno

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Protective Power Systems and Controls, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		<i>Column A</i> Amount of claim	<i>Column B</i> Value of collateral that supports this claim
<b>2.1 Hudson Valley CU</b>	<p>Describe debtor's property that is subject to a lien <b>All business assets</b></p> <p>Describe the lien <b>UCC filed 4/02/2015</b></p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<b>\$102,157.40</b>	<b>\$0.00</b>
<b>2.2 Internal Revenue Service</b>	<p>Describe debtor's property that is subject to a lien <b>All business assets</b></p> <p>Describe the lien <b>Federal Tax Lien for Tax years 2014-2020</b></p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	<b>\$196,470.80</b>	<b>\$0.00</b>

Debtor **Protective Power Systems and Controls, Inc.**

Case number (if known) \_\_\_\_\_

- No       Contingent  
 Yes. Specify each creditor,       Unliquidated  
including this creditor and its relative       Disputed  
priority.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$298,628.20**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Account Control Systems, Inc.**  
85 Chestnut Ridge Rd, Suite 113  
Montvale, NJ 07645-1827

Line 2.1

## Fill in this information to identify the case:

Debtor name **Protective Power Systems and Controls, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address <b>NY State Dept. of Taxation &amp; Finance Bankruptcy Section PO Box 5300 Albany, NY 12205-0300</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$70,291.92</b> <b>\$70,291.92</b>

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Basis for the claim:  
**Tax period 2015-2020**

Is the claim subject to offset?  
 No  
 Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address <b>Ally P.O. Box 380902 Minneapolis, MN 55438</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$2,707.40</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____	Basis for the claim: <b>Late fees for vehicle loan</b>
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address <b>AmTrust Financial Services, Inc. 59 Maiden Lane New York, NY 10038</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____	Basis for the claim: <b>Business Debt</b>
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Protective Power Systems and Controls, Inc.</b>	Case number (if known)	
Name			
3.3	<p>Nonpriority creditor's name and mailing address  <b>Andrea &amp; John Patierro</b>  <b>8 Vanessa Lane</b>  <b>Staatsburg, NY 12580</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Business loan</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$300,000.00</b>
3.4	<p>Nonpriority creditor's name and mailing address  <b>Cintas</b>  <b>138 Bracken Road</b>  <b>Montgomery, NY 12549</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Goods &amp; services</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$2,893.11</b>
3.5	<p>Nonpriority creditor's name and mailing address  <b>Citizens Bank Card Services</b>  <b>PO Box 7092</b>  <b>Bridgeport, CT 06601</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Credit card debt</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$8,318.58</b>
3.6	<p>Nonpriority creditor's name and mailing address  <b>Clarke Power Services, Inc.</b>  <b>P.O. Box 710157</b>  <b>Cincinnati, OH 45271-0157</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Goods &amp; services</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$29,473.15</b>
3.7	<p>Nonpriority creditor's name and mailing address  <b>Cummins Business Services</b>  <b>2931 Elm Hill Pike</b>  <b>Nashville, TN 37214</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Goods &amp; services</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$12,126.92</b>
3.8	<p>Nonpriority creditor's name and mailing address  <b>Dodge Analytics</b>  <b>300 American Metro Blvd.</b>  <b>Suite 185</b>  <b>Trenton, NJ 08619</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Goods &amp; services</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$1,233.72</b>
3.9	<p>Nonpriority creditor's name and mailing address  <b>Farm Family Insurance Co.</b>  <b>Attn: Corporate Secretary</b>  <b>P.O. Box 656</b>  <b>Albany, NY 12201-0656</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Cancelled policy</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor	<b>Protective Power Systems and Controls, Inc.</b>	Case number (if known)
Name		
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>FOI Laboratories</b> <b>915 Jefferson Street</b> <b>Vancouver, WA 98660</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Goods &amp; services</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Grade Industrial Supply</b> <b>1418 Route 9D</b> <b>Wappingers Falls, NY 12590</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Goods &amp; services</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Heartland Payment Systems</b> <b>Attn: President</b> <b>One Heartland Way</b> <b>Jeffersonville, IN 47130</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Business Debt</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Home Depot Credit Services</b> <b>P.O. Box 9001010</b> <b>Louisville, KY 40290</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Credit card debt</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Hotstart Inc.</b> <b>5723 E. Alki Avenue</b> <b>Spokane, WA 99212</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Goods &amp; services</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Hudson River View</b> <b>355 County Route 31</b> <b>Hudson, NY 12534</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Goods &amp; services</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Kabbage Loan</b> <b>925B Peachtree NE, Suite 1688</b> <b>Atlanta, GA 30309</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Business Debt</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Protective Power Systems and Controls, Inc.</b>	Case number (if known)
Name		
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>MVP Health Care</b> <b>625 State Street, POB 2207</b> <b>Schenectady, NY 12301-4793</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Health Insurance</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Northeast Battery</b> <b>P.O. Box 842238</b> <b>Boston, MA 02284-2238</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Goods &amp; services</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>PayPal Corporate Headquarters</b> <b>Attn: President</b> <b>2211 N. 1st Street</b> <b>San Jose, CA 95131</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Business debt</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>RL Kristler</b> <b>300 Mile Crossing Boulevard</b> <b>Rochester, NY 14624</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Judgment entered 7/28/2020</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Ruth Patierno</b> <b>91 Kipp Road</b> <b>Staatsburg, NY 12580</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Business debt</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Sam's Towing &amp; Recovery</b> <b>7 Sullivan Avenue</b> <b>Liberty, NY 12754</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Goods &amp; services</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Telconn Inc.</b> <b>1431 Rosemar Road</b> <b>Vienna, WV 26105</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> <u>Goods &amp; services</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Protective Power Systems and Controls, Inc.</b>	Case number (if known)
Name		
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>The Blue Book Network</b> <b>PO Box 500</b> <b>Jefferson Valley, NY 10535</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$12,076.30</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Department of the Treasury</b> <b>Bureau of the Fiscal Service</b> <b>P.O. Box 8979101</b> <b>Saint Louis, MO 63197-9000</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$23,027.99</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Management</b> <b>264 Old Flatbush Road</b> <b>Kingston, NY 12401</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$504.40</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Wesco Insurance</b> <b>c/o McCarthy, Burgess &amp; Wolff</b> <b>26000 Cannon Rd.</b> <b>Bedford, OH 44146</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Worker's Compensation Insurance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$4,926.06</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Wix Filtration Corporation</b> <b>1551 Mt. Olive Church Rd.</b> <b>P.O. Box 1901</b> <b>Gastonia, NC 28053</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$4,958.22</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Caine &amp; Weiner</b> <b>21210 Erwin Street</b> <b>Woodland Hills, CA 91367</b>	Line <u>3.8</u> _____  <input type="checkbox"/> Not listed. Explain _____	_____
4.2	<b>Convergent Outsourcing</b> <b>PO Box 9004</b> <b>Renton, WA 98057</b>	Line <u>3.19</u> _____  <input type="checkbox"/> Not listed. Explain _____	_____

Debtor	<b>Protective Power Systems and Controls, Inc.</b>	Case number (if known)	
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.3	Dutchess County Sheriff's Dept. 150 North Hamilton Street Poughkeepsie, NY 12601	Line <u>3.20</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.4	GB Collects, LLC 145 Bradford Drive West Berlin, NJ 08091-9269	Line <u>3.17</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.5	Joseph, Mann & Creed 8948 Canyon Falls Blvd. Suite 200 Twinsburg, OH 44087	Line <u>3.2</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.6	Lewandowski & Associates 721 Center Road Buffalo, NY 14224	Line <u>3.20</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.7	McCarthy, Burgess & Wolff 26000 Cannon Road Cleveland, OH 44146	Line <u>3.13</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.8	Vengroff Williams & Associates, Inc. 380 Townline Rd. Hauppauge, NY 11788	Line <u>3.9</u>	-
		<input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>70,291.92</u>
5b.	+ \$ <u>659,391.29</u>
5c.	\$ <u>729,683.21</u>

**United States Bankruptcy Court  
Southern District of New York**

In re Protective Power Systems and Controls, Inc. \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) Chapter 11 \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: October 9, 2020

/s/ Andrea Patierno  
**Andrea Patierno/President**  
Signer>Title

ACCOUNT CONTROL SYSTEMS, INC.  
85 CHESTNUT RIDGE RD, SUITE 113  
MONTVALE, NJ 07645-1827

ALLY  
P.O. BOX 380902  
MINNEAPOLIS, MN 55438

AMTRUST FINANCIAL SERVICES, INC.  
59 MAIDEN LANE  
NEW YORK, NY 10038

ANDREA & JOHN PATIERNO  
8 VANESSA LANE  
STAATSBURG, NY 12580

CAINE & WEINER  
21210 ERWIN STREET  
WOODLAND HILLS, CA 91367

CINTAS  
138 BRACKEN ROAD  
MONTGOMERY, NY 12549

CITIZENS BANK CARD SERVICES  
PO BOX 7092  
BRIDGEPORT, CT 06601

CLARKE POWER SERVICES, INC.  
P.O. BOX 710157  
CINCINNATI, OH 45271-0157

CONVERGENT OUTSOURCING  
PO BOX 9004  
RENTON, WA 98057

CUMMINS BUSINESS SERVICES  
2931 ELM HILL PIKE  
NASHVILLE, TN 37214

DODGE ANALYTICS  
300 AMERICAN METRO BLVD.  
SUITE 185  
TRENTON, NJ 08619

DUTCHESSE COUNTY SHERIFF'S DEPT.  
150 NORTH HAMILTON STREET  
POUGHKEEPSIE, NY 12601

FARM FAMILY INSURANCE CO.  
ATTN: CORPORATE SECRETARY  
P.O. BOX 656  
ALBANY, NY 12201-0656

FOI LABORATORIES  
915 JEFFERSON STREET  
VANCOUVER, WA 98660

GB COLLECTS, LLC  
145 BRADFORD DRIVE  
WEST BERLIN, NJ 08091-9269

GRADE INDUSTRIAL SUPPLY  
1418 ROUTE 9D  
WAPPINGERS FALLS, NY 12590

HEARTLAND PAYMENT SYSTEMS  
ATTN: PRESIDENT  
ONE HEARTLAND WAY  
JEFFERSONVILLE, IN 47130

HOME DEPOT CREDIT SERVICES  
P.O. BOX 9001010  
LOUISVILLE, KY 40290

HOTSTART INC.  
5723 E. ALKI AVENUE  
SPOKANE, WA 99212

HUDSON RIVER VIEW  
355 COUNTY ROUTE 31  
HUDSON, NY 12534

HUDSON VALLEY CU  
ATTN: PRESIDENT  
137 BOARDMAN ROAD  
POUGHKEEPSIE, NY 12603

INTERNAL REVENUE SERVICE  
P.O. BOX 7346  
PHILADELPHIA, PA 19101-7346

JOSEPH, MANN & CREED  
8948 CANYON FALLS BLVD.  
SUITE 200  
TWINSBURG, OH 44087

KABBAGE LOAN  
925B PEACHTREE NE, SUITE 1688  
ATLANTA, GA 30309

LEWANDOWSKI & ASSOCIATES  
721 CENTER ROAD  
BUFFALO, NY 14224

MCCARTHY, BURGESS & WOLFF  
26000 CANNON ROAD  
CLEVELAND, OH 44146

MVP HEALTH CARE  
625 STATE STREET, POB 2207  
SCHEECTADY, NY 12301-4793

NORTHEAST BATTERY  
P.O. BOX 842238  
BOSTON, MA 02284-2238

NY STATE DEPT. OF TAXATION & FINANCE  
BANKRUPTCY SECTION  
PO BOX 5300  
ALBANY, NY 12205-0300

PAYPAL CORPORATE HEADQUARTERS  
ATTN: PRESIDENT  
2211 N. 1ST STREET  
SAN JOSE, CA 95131

RL KRISTLER  
300 MILE CROSSING BOULEVARD  
ROCHESTER, NY 14624

RUTH PATIERNO  
91 KIPP ROAD  
STAATSBURG, NY 12580

SAM'S TOWING & RECOVERY  
7 SULLIVAN AVENUE  
LIBERTY, NY 12754

TELCONN INC.  
1431 ROSEMAR ROAD  
VIENNA, WV 26105

THE BLUE BOOK NETWORK  
PO BOX 500  
JEFFERSON VALLEY, NY 10535

U.S. DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
P.O. BOX 8979101  
SAINT LOUIS, MO 63197-9000

VENGROFF WILLIAMS & ASSOCIATES, INC.  
380 TOWNLINE RD.  
HAUPPAUGE, NY 11788

WASTE MANAGEMENT  
264 OLD FLATBUSH ROAD  
KINGSTON, NY 12401

WESCO INSURANCE  
C/O MCCARTHY, BURGESS & WOLFF  
26000 CANNON RD.  
BEDFORD, OH 44146

WIX FILTRATION CORPORATION  
1551 MT. OLIVE CHURCH RD.  
P.O. BOX 1901  
GASTONIA, NC 28053